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ABSTRACT

The Centers for Disease Control (CDC) has accomplished relatively little in providing Human Immunodeficiency Virus (HIV) education to out-of-school youth. This is because: (1) CDC's Center for Chronic Disease Prevention and Health Promotion (CCDPHP), which has lead responsibility for youth, initially targeted the larger, in-school population; (2) the state and local education agencies funded to serve all youth lacked experience with those out-of-school and the organizations that serve them; and (3) few guidelines or specifically targeted educational materials were available. To overcome these barriers, CCDPHP plans to fund local health departments or community organizations to act as focal points for providing services to out-of-school youth, including HIV education. However, this approach is already being carried out by another center within CDC, the Center for Prevention Services (CPS). Therefore, it is believed the CDC should reassess its current strategy toward reaching high-risk, out-of-school youth, specifically considering whether the out-of-school component of CCDPHP should be merged with CDC's existing prevention programs. (The appendix includes a list of agencies contacted during the review; a list of national organizations targeting out-of-school youth; and a list of non-CDC funded federal programs addressing HIV education for out-of-school youth.) (ABL)

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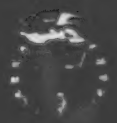
United States General Accounting Office

Report to the Chairman, Committee on Governmental Affairs, U.S. Senate

May 1990

AIDS EDUCATION

Programs for Out-of-School Youth Slowly Evolving



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Human Resources Division

B-239254

May 1, 1990

The Honorable John Glenn
Chairman, Committee on
Governmental Affairs
United States Senate

Dear Mr. Chairman:

This report responds to your request concerning education programs to prevent the spread of the human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS). It summarizes the Centers for Disease Control (CDC) efforts to educate out-of-school youth. We are issuing a companion report on HIV education in the public school system.[1]

Results in Brief

CDC has accomplished relatively little in providing HIV education to out-of-school youth. This is because: (1) CDC's Center for Chronic Disease Prevention and Health Promotion (CCDPHP), which has lead responsibility for youth, initially targeted the larger, in-school population; (2) the state and local education agencies funded to serve all youth lacked experience with those out of school and the organizations that serve them; and (3) few guidelines or specifically targeted educational materials were available. To overcome these barriers, CCDPHP plans to fund local health departments or community organizations to act as focal points for providing services to out-of-school youth, including HIV education. However, this approach is already being carried out by another center within CDC, the Center for Prevention Services (CPS). Therefore, we believe that CDC should reassess its current strategy toward reaching high-risk, out-of-school youth, specifically considering whether the out-of-school youth component of CCDPHP should be merged with CDC's existing prevention programs.

Background

Out-of-school youth, including runaways and homeless, migrants, and those incarcerated, are at greater peril of AIDS than other youth because they are more likely to engage in high-risk sexual and drug activities.[2]

[1] AIDS Education: Public School Programs Require More Student Information and Teacher Training (GAO/HRD-90-103, May 1, 1990).

[2] See the Office of Technology Assessment report, How Effective Is AIDS Education?, June 1988; Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, June 1988; and Report of the Surgeon General's Workshop on Children With HIV Infection and Their Families, 1987.

Data suggest that the rate of HIV infection among out-of-school youth may be higher and increasing faster than the rate among the general adolescent population. This group is also more troubled, has less adult support, and is much less accessible and trusting than in-school youth who live in their own homes.[3] Many stay in contact with other youth or resort to prostitution, thereby serving as a possible conduit of HIV infection from high- to low-risk groups.

People in their 20s accounted for about 20 percent of all reported AIDS cases through 1989. The number of AIDS cases among this group in 1989 increased by 41 percent, which was similar to the overall increase in AIDS cases. HIV infection occurs years before AIDS is manifest; during this time, the virus is infectious to other people. Because the average incubation period between HIV infection and the time people actually exhibit AIDS symptoms is about 10 years, adults who have AIDS in their 20s most likely contracted HIV as adolescents.

Experts conclude that it is more difficult for those youth who may be troubled and who lack adult guidance to refrain from high-risk behaviors than other adolescents. Additionally, those out of school have more serious psychological problems, such as depression and anxiety, and behavioral problems, such as suicidal tendencies and problems with conduct, that may influence their risk-taking behavior.

The National Network for Runaway and Youth Services estimates that homeless and runaway youth number between 1.3 and 2.0 million yearly, and that between 100,000 and 300,000 are long-term runaways or "street kids," who fend for themselves most often by drug dealing and prostitution.

HIV education programs should be tailored to a youth's age and level of functioning and consist of information on what AIDS and HIV are, how the virus is spread, and what people can do to prevent infection. Educating out-of-school youth is particularly demanding because they are difficult to reach, practice risky behaviors, and face a myriad of other problems that make their education arduous. An effective AIDS education program for these youth should include strategies to provide them with information and materials on AIDS transmission and prevention in a language they can understand, develop practical and realistic skills to change

[3]For further information, see Homelessness: Homeless and Runaway Youth Receiving Services at Federally Funded Shelters (GAO/HRD-90-45, Dec. 19, 1989).

high-risk behaviors, and supply their immediate needs. We refer to education related to all phases of the disease as HIV education in the remainder of this report.

Objective, Scope, and Methodology

Our main objective was to provide information on the status of CDC's Center for Chronic Disease Prevention and Health Promotion efforts to educate out-of-school youth about AIDS. Specifically, we sought to determine the initiatives and funding targeted at providing HIV education to out-of-school youth. We reviewed CDC's Division of Adolescent and School Health HIV Education Program endeavors within CCDPHP. We examined CDC records and interviewed CDC officials. We interviewed administrators from the national organizations (such as the National Network for Runaway and Youth Services) funded to reach out-of-school or minority youth and state and local education agency recipients. We selected and interviewed officials from community-based organizations (such as runaway shelters and crisis centers) primarily serving out-of-school youth. Appendix I provides a complete listing of the organizations and agencies we contacted.

We also examined HIV education programs, which may serve out-of-school youth funded by CDC's Center for Preventive Services, other federal agencies, and selected community-based organizations through interviews with appropriate officials.

We conducted our review between May and December 1989 in accordance with generally accepted government auditing standards.

CCDPHP Programs Targeting High-Risk, Out-of-School Youth Slow to Develop

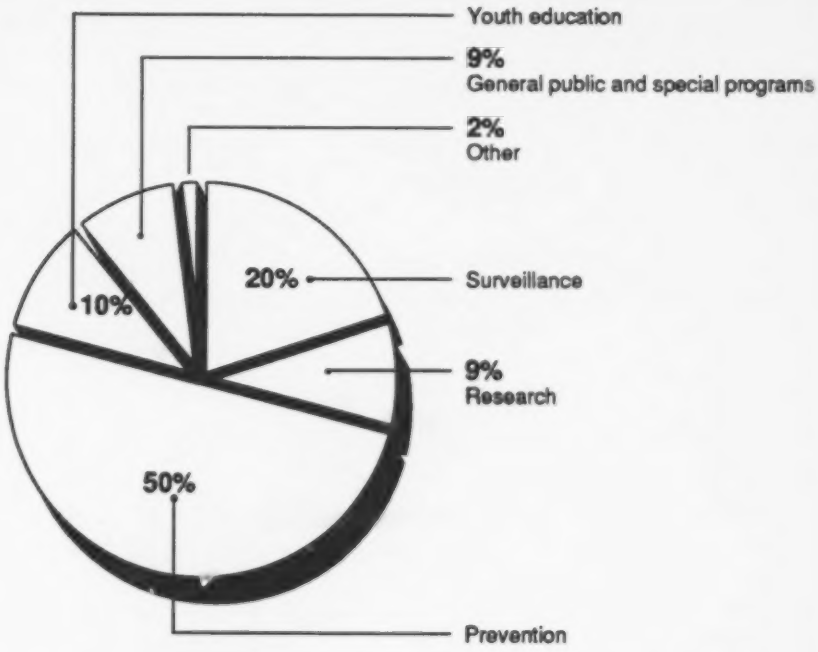
CCDPHP is CDC's lead center responsible for HIV education for school-aged youth. The Division of Adolescent and School Health in CDC's CCDPHP initiated a nationwide HIV education program for youth in fiscal year 1987. For 3 project years, CCDPHP has provided assistance to state and local education agencies and national organizations to help schools and organizations serving youth implement HIV education programs.

CCDPHP Focused Prevention Resources on the In-School Population

In fiscal year 1987, CDC allocated $136 million of its budget for all AIDS programs. This increased to about $438 million in fiscal year 1990. Most of these funds were used for prevention activities, such as counseling and testing, health education and risk reduction, and minority initiatives, which are administered by another component of CDC, CPS (see

pp. 7-8). About 10 percent of this overall funding was targeted specifically for youth education activities in CCDPHP (see fig. 1).

Figure 1: Fiscal Year 1990 CCDPHP Funding for HIV/AIDS Programs

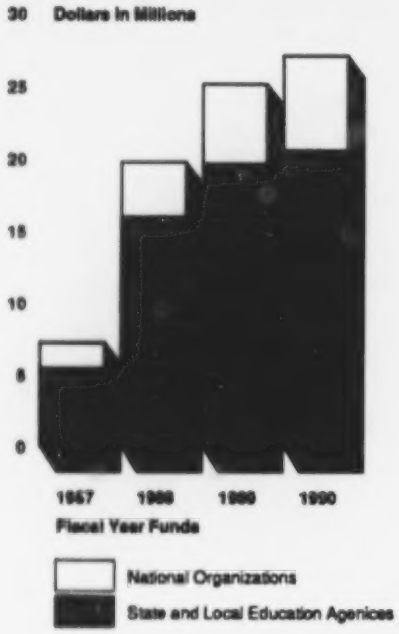


CDC initially targeted the funds for youth in the in-school population. CDC administrators said they did so because young people in school are in an organized system and it was easier and more efficient to reach them. Also, they constituted the majority of youth, and HIV education in the school system could influence behavior before they dropped out of school.

CCDPHP distributed nearly 80 percent of HIV education funds between fiscal years 1987 and 1989 to state and local education agencies to support HIV education programs for all youth. In 1989, $19.6 million was awarded to 71 state and local programs for HIV education for youth. The average amount per program was less than $276,000 to cover both in-school and out-of-school HIV education. CCDPHP expects to award $20.55 million to education agencies in fiscal year 1990.

CCDPHP also provided $3.8 million in 1988 and $5.5 million in 1989 to national organizations, such as the National Network for Runaway and Youth Services (see fig. 2). The average amount provided was about $285,000 in 1989. In 1989, CDC funded 19 national organizations, of which 6 targeted out-of-school or minority youth. A brief description of the CCDPHP-funded projects in each of these national organizations is in appendix II. CCDPHP expects to award about $6.5 million to national organizations in fiscal year 1990. CCDPHP chose to use cooperative agreements as the funding mechanism for state, local, and national groups. This mechanism allowed recipients considerable flexibility in structuring their programs.[4]

Figure 2: Distribution of Funds in Fiscal Years 1987-90, CCDPHP Youth HIV Education Program



Note: Fiscal year 1990 funding allocations are estimated.

Through the cooperative agreement process, CCDPHP requested that education departments develop HIV education programs for in-school youth.

[4]A cooperative agreement is a financial assistance mechanism used in lieu of a grant when substantial federal programmatic involvement with the recipient during performance is anticipated.

These programs were to include (1) developing HIV curricula and training materials, (2) training teachers, (3) attending workshops or conferences, and (4) completing surveys of students' HIV knowledge, beliefs, and behaviors. CDC also expected these departments to develop education programs for out-of-school youth and to collaborate with organizations that work with these youth.

While in-school education programs have been launched in most school districts, in our companion report we identified deficiencies in the extensiveness of HIV education programs and the level of training of teachers that are due in part to insufficient funding.

CCDPHP-Funded HIV Education for Out-of-School Youth Is Limited

Generally, CCDPHP-funded HIV education for out-of-school youth has been limited. CCDPHP relies on state and local education agencies to promote efforts to reach this group. CCDPHP also provides 5.6 percent of the total youth HIV education funds to six national organizations to target their efforts to out-of-school youth in fiscal year 1989.

Under the cooperative agreements, state and local education agencies designed their own HIV education programs. CCDPHP provided no specific guidance on how to approach out-of-school youth; the agreement announcement stated only a broad objective. Nor did CCDPHP specify what portion of any particular cooperative agreement was to be spent on out-of-school youth. Consequently, state and local education agencies (the majority of recipients) focused most efforts in their area of expertise, in-school youth. CCDPHP estimated that about 4 percent of state and about 7 percent of local education agency funds have been spent on out-of-school youth in fiscal year 1989.

Very few of the education agencies targeted out-of-school youth for any HIV education services. Such services included direct outreach or instruction and design of appropriate HIV education materials and curricula. After 2 years of funding about one-third of the originally funded state education agencies had done little more than some preliminary planning and identifying organizations working with out-of-school youth. Even those local education agencies actively developing programs for out-of-school youth primarily targeted alternative education programs, such as programs for teenaged parents or problem youth within the school system, rather than homeless or runaway youth. None had conducted surveys to obtain baseline data on youth's HIV knowledge, beliefs, and behaviors.

Reported barriers to education for this high-risk group included the following: (1) state and local education agencies lacked experience with out-of-school youth and the organizations that serve them, (2) few guidelines or educational materials targeted to out-of-school youth were available, (3) communities have resisted HIV education, and (4) out-of-school youth are difficult to reach.

CCDPHP Has Strengthened Cooperative Agreement Requirements to Target Out-of-School Youth

It was not until the third project year (fiscal year 1989), that CCDPHP requested state and local education agency recipients to specify objectives and program activities for out-of-school youth. These required activities include: (1) developing data on the number of agencies assisted by the recipient that provide HIV education to out-of-school youth, (2) assisting schools and local education agencies in reaching groups that serve out-of-school youth, and (3) promoting effective HIV education programs in schools and agencies serving out-of-school youth.

CCDPHP Plans to Overcome Barriers to HIV Education Efforts by Relying on Health Departments

Because education agencies had difficulties serving out-of-school youth, CCDPHP plans to target these youth through adolescent health programs in local health departments or some other locally designated agency. Later this year, CCDPHP hopes to award about $1.5 million among such lead agencies in six cities with a high incidence of AIDS. The designated agencies will coordinate community HIV education efforts in those cities. As part of this initiative, each community will conduct a needs assessment to identify service and policy gaps and devise a comprehensive approach to provide the full range of services, including HIV education, to out-of-school youth.

CDC's Center for Prevention Services Funds HIV Prevention Activities Targeting Out-of-School Youth

While CCDPHP has only recently begun to focus its program on out-of-school youth, the Center for Prevention Services has been funding prevention programs through cooperative agreements with health departments and community-based organizations to populations at risk, including out-of-school youth. CPS has programs in place that reach out-of-school youth and include: (1) state and local health department prevention programs to support Health Education and Risk Reduction activities and special Minority Initiatives, (2) AIDS Community Demonstration Projects to conduct research on community HIV education strategies, and (3) directly funded community-based organizations to develop HIV prevention programs for minority and high-risk groups.

Under the first program, Health Education and Risk Reduction, activities include group counseling of HIV-infected individuals and street outreach programs for intravenous-drug users, prostitutes, and runaway youth. The goal is to enlist the support of those at risk, HIV-infected individuals, minorities, and school educators. Minority Initiatives include street outreach efforts targeting street youth or intravenous-drug users and referral of high-risk individuals to medical and testing sites by community-based minority organizations.

Under the AIDS Community Demonstration Project, CPS has funded AIDS projects in seven locations across the country to develop, implement, and evaluate approaches to prevent HIV transmission. The projects focus on hard-to-reach populations, such as intravenous-drug users not in treatment, sex partners of intravenous-drug users, prostitutes, and street youth.

CPS directly funded 64 community-based organizations in July 1989 to develop HIV programs for minorities and high-risk groups in the metropolitan statistical areas most heavily affected. One objective of these awards is to establish collaboration among community organizations, HIV education and prevention service agencies, and public organizations, such as local and state health departments. The programs will target youth, men who have sex with men, intravenous-drug users, female partners of persons at risk, prostitutes, and the homeless. Activities include street outreach, peer education, and drug education.

While we have not evaluated the effectiveness of CPS programs, CPS does target out-of-school youth. The new initiative in CCDPHP for out-of-school youth appears to duplicate the already functioning, larger CPS programs.

Other Federal Efforts to Educate Out-of-School Youth

Other federal programs provide or support HIV education and prevention projects for out-of-school youth. The Job Corps requires AIDS education as part of its curriculum. The Health Resources and Services Administration funded demonstration projects to support and coordinate a wide range of AIDS treatment and support services, such as outreach, education, and prevention services, in cities with the highest incidence of reported AIDS cases.

Three federal agencies—the National Institute of Mental Health, the National Institute on Drug Abuse, and the Office of Juvenile Justice and Prevention Delinquency—funded studies to develop and assess the effectiveness of intervention programs in promoting behavior change in

runaway and homeless youth. Appendix III provides a brief description of each project.

Groups Not Funded by CCDPHP Provided Most HIV Education

In addition to CCDPHP, other organizations funded out-of-school HIV education efforts. Health departments and other groups have relied on community-based organizations as the most frequent direct providers of HIV education to out-of-school youth. Most were runaway shelters, runaway referral centers, or drop-in centers. About three-fourths of these organizations received some funds specifically for educating out-of-school youth directly from federal agencies other than CDC (see app. III), public health departments, and private foundations, such as the Robert Wood Johnson Foundation. Activities included street outreach; distribution of condoms and HIV education pamphlets; video presentations; group sessions; peer education; and addressing basic needs, such as food, clothing, and shelter.

Conclusions

The youth HIV education program has multiple objectives. However, funding for cooperative agreements has been relatively low. The Center for Chronic Disease Prevention and Health Promotion has historically dealt with health education for youth. CCDPHP originally worked primarily with education agencies and focused on in-school youth. It provided little guidance to cooperative agreement recipients to focus on out-of-school youth. As a result, after 3 project years, most attention has been focused on in-school youth and little attention on out-of-school youth. To remedy this problem, CCDPHP plans to sponsor adolescent health programs in local health departments or community-based organizations.

CCDPHP has started developing ties with the health departments and community-based organizations that serve out-of-school youth. However, existing HIV programs in the Center for Prevention Services have been working with these types of organizations and are reaching out-of-school youth. Our work did not focus on how well CPS has served these youth, but CPS has systems in place and previous experience with this group.[5]

[5]See AIDS Education: Issues Affecting Counseling and Testing Programs (GAO/HRD-89-39, Feb. 3, 1989) and AIDS Education: Staffing and Funding Problems Impair Progress (GAO/HRD-89-124, July 28, 1989). We have reported management issues in CPS concerning staffing levels, funding cycles, and collecting baseline data.

Recommendation to the Director of the Centers for Disease Control

In view of the potential duplication in CDC-funded activities, the Director of the Centers for Disease Control should consider merging the activities of the Center for Chronic Disease Prevention and Health Promotion aimed at out-of-school youth education into the Center for Prevention Services.

Agency Comments

At the request of the committee, we did not obtain formal comments on this report. We discussed the contents of this report with agency officials and incorporated their technical and factual comments from correspondence received as appropriate.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its issue date. At that time, we will send copies to the Secretary of Health and Human Services, the Director of CDC, and other interested parties and will provide copies to others on request.

Please contact me on (202) 275-6195 if you or your staff have any questions concerning this report. Other major contributors to this report are listed in appendix VI.

Sincerely yours,

Mark V. Nadel

Mark V. Nadel
Associate Director, National and
Public Health Issues

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Abbreviations

AIDS	acquired immunodeficiency syndrome
CCDPHP	Center for Chronic Disease Prevention and Health Promotion
CDC	Centers for Disease Control
CPS	Center for Prevention Services
HIV	human immunodeficiency virus

Agencies Contacted During Our Review

Federal Agencies	
Department of Health and Human Services	Centers for Disease Control. National Institute of Mental Health. National Institute of Drug Abuse. Health Resources and Services Administration.
Department of Justice	Office of Juvenile Justice and Delinquency Prevention.
Department of Labor	Office of the Job Corps.
National Organizations	National Network of Runaway and Youth Services. National Organization of Black County Officials. National Coalition of Advocates for Students. National Coalition of Hispanic Health and Human Services Organizations. National Commission on Correctional Health Care. Center for Population Options.
State Education Agencies	California State Department of Education. Colorado Department of Education. Connecticut State Department of Education. Florida Department of Education. Illinois State Board of Education. New York State Education Department. Texas Education Agency.
Local Education Agencies	School Board of Dade County (Miami). Dallas Independent School District. Denver Public Schools. Newark Board of Education. New York City Board of Education. San Francisco Unified School District.

Community-Based Organizations

California	Diamond Youth Shelter, San Francisco. Huckleberry House, San Francisco. Larkin Street Youth Center, San Francisco. Youth and Family Assistance, Redwood City. Children of the Night, Hollywood. Options House, Hollywood. Gay and Lesbian Adolescent Social Services, Hollywood. Avance Human Services, Los Angeles.
New York City	Adolescent Development Program. Covenant House. Emergency Shelter. Victims Services Agency. Adolescent AIDS Program. Project Streetbeat.
Other States	The Bridge, Inc., Boston, Massachusetts. The Miami Bridge, Miami, Florida. The Middle Earth, Austin, Texas. Outreach, Inc., Atlanta, Georgia. Seattle Youth and Community Services, Seattle, Washington. Southeast Network of Youth and Family Services, Durham, North Carolina. Youth Emergency Services and Shelter, Des Moines, Iowa.

CCDPHP-Funded National Organizations Targeting Out-of-School Youth

National Network of Runaway and Youth Services	The National Network of Runaway and Youth Services' Safe Choices Project, funded in fiscal years 1987, 1988, and 1989, is a comprehensive HIV-prevention education effort for reaching runaway and homeless youth. The cornerstone of the project is an HIV education guide to help runaway and homeless youth service organizations develop HIV education policies and implement programs for high-risk youth.
National Organization of Black County Officials	The National Organization of Black County Officials, funded in fiscal years 1987, 1988, and 1989, is developing a model HIV education and prevention program targeting black and minority youth. The model program involves outreach, training, and curriculum development.
National Coalition of Hispanic Health and Human Services Organizations	The National Coalition of Hispanic Health and Human Services Organizations, funded in fiscal years 1987, 1988, and 1989, is designed to increase the number of Hispanic youth service agencies offering HIV education. The project supports local training activities in Hispanic youth service agencies.
National Coalition of Advocates for Students	Staff of the National Coalition of Advocates for Students, funded in fiscal years 1987, 1988, and 1989, work with community-based organizations, health agencies, and migrant and immigrant organizations to help provide HIV education to migrant and immigrant youth. The project raises HIV education awareness in, and provides HIV education materials to, these organizations.
Center for Population Options	Although funded in fiscal year 1987, 1988, and 1989, the Center for Population Options did not implement an out-of-school youth component until the second project year. The Center provides training workshops and technical assistance to three affiliates of Big Brothers Big Sisters, YMCA, and the Salvation Army to assist them in developing their own HIV education programs for high-risk youth.
National Commission on Correctional Health Care	The National Commission on Correctional Health Care received funding in fiscal years 1988 and 1989 to help juvenile confinement facilities provide HIV education.

Non-CDC-Funded Federal Programs Addressing HIV Education for Out-of-School Youth

Department of Health and Human Services

National Institute of Mental Health and National Institute on Drug Abuse

The National Institute of Mental Health and the National Institute on Drug Abuse funded the HIV Center for Clinical and Behavioral Studies at Columbia University in September 1987 for a 5-year study to evaluate the effectiveness of HIV education programs for out-of-school youth. Funding for this study through January 31, 1991, totals $941,805. Specifically, the Center is designing and evaluating an intervention program to decrease high-risk behaviors among gay and runaway youth.

The program consists of four efforts aimed at mediating high-risk behaviors to: (1) build on existing programs to increase youth's general knowledge of AIDS; (2) personalize this knowledge; (3) allow youth to practice interpersonal assertiveness; and (4) develop a support network to provide health care, including access to condoms.

Health Resources and Services Administration

The Health Resources and Services Administration awards service demonstration projects to support and coordinate a wide range of treatment and support services in cities with the highest incidence of reported AIDS cases. Support services include outreach, education, and prevention services for ethnic and minority populations engaging in high-risk behaviors and for intravenous-drug users. By the end of fiscal year 1989, the administration had awarded approximately $50 million to support 25 service demonstration projects in 15 states; Washington, D.C.; and Puerto Rico and requested $14.8 million to continue these projects in fiscal year 1990.

National Institute on Drug Abuse

Since 1987, the National Institute on Drug Abuse has conducted a National AIDS Demonstration Research Project, which assesses the effectiveness of various education and intervention techniques in promoting behavior changes to reduce the risk of HIV. Some of the project's 29 comprehensive community outreach demonstration research cooperative agreements, as well as 12 AIDS-targeted outreach research contracts, focus on runaway and delinquent youth. In fiscal year 1990, the Institute awarded a total of $36 million for this project.

Department of Justice

Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention funded an initiative on prevention and intervention for illegal drug use and AIDS among high-risk youth. The Office awarded a $400,000 cooperative agreement to the Education Development Center in 1988 to develop and test ways to assist public and private agencies in providing comprehensive prevention and intervention services to runaway and homeless youth. Comprehensive services to respond to the problems of AIDS, illegal drug use, and sexual exploitation among these youth include outreach, crisis intervention, intermediate, long-term, and after-care programs. The Center plans to subcontract the National Network for Runaway and Youth Services to help carry out this research and development.

Department of Labor

Job Corps

The Office of the Job Corps provides basic educational and vocational training for youth aged 16 to 21 who are severely educationally or economically disadvantaged. The training is primarily provided in a residential setting in which youth are provided with housing, food, clothing, and medical and dental care. About 60,000 youth receive training in the program each year, with an average length of stay of about 8 months. All Job Corps staff and students must receive HIV education.

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